of farinaceous or vegetable food. If even this diet becomes objectionable, a small amount of broiled or roasted meat must be allowed daily, taken at an early dinner. Alcoholic stimulants throw more work on the kidneys, and increase the amount of albumin excreted. They are, therefore, to be avoided, except when called for by certain symptoms, as exhaustion, or the profound cerebral anæmia which so often accompanies uræmic symptoms.

2. The dietetic treatment of lardaceous disease of the kidney depends somewhat on its cause. If it be phthisis, the diet is that appropriate for this malady, without special reference to the renal disorder. When the disease which caused the renal changes has disappeared, the diet should be that advised for chronic parenchymatous nephritis.

3. In the dietetic treatment of this form of nephritis, we must endeavor to prevent the accumulation of urea in the blood, and to make up for the loss of albumin. It is not possible to prohibit all nitrogenous food, but the amount allowed should be very small. Milk and cream should be given in abundance, and the other articles of the diet supplied from the vegetable kingdom. In advanced cases, an exclusive milk diet must be employed, and the milk may be diluted with Vichy, if necessary, to render it more palatable. Alcoholic stimulants should be avoided as far as possible, except sometimes in the treatment of uræmia, as stated above. The author closes his paper with a series of quotations of the views of various modern writers regarding the dietetic management of chronic Bright's disease.

THE VARIETIES OF NEPHRITIS FOLLOWING ACUTE INFECTIOUS DISEASES IN CHILDREN.

VON JAKSCH (*Wien. med. Presse*, No. 49, 1888) shows that febrile albuminuria is much more frequent in adults than in children; the ratio being, in his experience, 35.2 per cent. in the former, and only 19.6 per cent. in the latter. In many cases of acute infectious diseases in children the urine contains unusually large numbers of microörganisms of different kinds, as long as fever persists, so that the author is disposed to consider the kidneys in these diseases as the organs for the elimination of microörganisms, though not always of those which produce the disease in the individual cases. Letzerich has described a form of nephritis caused by a certain microbe which he describes. V. Jaksch, however, says that more than one form of microorganism is found in the kidneys in children with acute nephritis. There are different varieties of cocci associated with sepsis besides the coccus of erysipelas, which may produce in children severe renal affections with the symptoms of acute inflammation.

In discussing the varieties of nephritis which occur in children, he says that the primary form is by no means so rare as is generally supposed, and that the chronic form is also not unusual. Clinically there may be diagnosed acute nephritis, chronic nephritis, sometimes the cases of chronic nephritis accompanied by fatty change of the kidney, contracted kidney, and amyloid degeneration of the kidney. In explaining his views on uræmia and ammonæmia he claims that the symptoms of uræmic intoxication are produced perhaps in part by retention of acids in the blood, but principally by the retention of an alkaloidal substance which normally is present in the urine.

Ammonæmia is in like manner due to the presence in the blood of an alkaloidal substance. In this case, however, it is produced in the bladder, where, under the influence of microörganisms, the urine decomposes and sets up a cystitis, thus allowing the poison to be absorbed.

In regard to the therapy, the author says that numerous experiments have taught him that even large doses of most of the antipyretics are not irritating to the kidneys, but that they also have no influence on the nephritis. The only exception is salicylic acid, which, given from the beginning of scarlatina, not only seems to diminish the intensity of the attack, but to banish the danger of scarlatinal nephritis. In general, however, he is opposed to all vigorous treatment, and recommends a strict milk diet as the most rational means of cure.

HAGENBACH (*Ibid.*), in discussing more particularly the clinical side of the subject, refers to the great frequency of renal inflammation after scarlet fever. In 81 autopsies on cases of scarlatina at the Basle hospital, nephritis was found 55 times. The first appearance of the inflammation may occur at different periods of the disease. Its symptoms are various, and he has seen uræmia only 27 times in 416 cases. There seems to be a family predisposition to scarlatinal nephritis. Hypertrophy and dilatation of the left ventricle are very common. The affection lasts two or three weeks or longer, and usually ends in recovery. Albuminuria is rather common in diphtheria, the author having observed nephritis 52 times in 150 autopsies. According to his experience, the albuminuria usually occurs in the first week of the disease, and is nearly always due to renal inflammation, though in very severe cases cardiac weakness or laryngeal stenosis may bring it about. Nephritis is rare in measles, varicella and rubella, and the same is true of it in catarrhal angina, parotitis, and aphthous stomatitis. He has seen it occur but rarely in typhoid, the kidneys being involved only 8 times in 300 cases, while in 24 autopsies there was nephritis in but 3 instances.

THE RELATIVE VALUE OF OPIUM, MORPHINE, AND CODEINE IN DIABETES MELLITUS.

Codeine, says FRASER (*Brit. Med. Journ.*, January 19, 1889, 118), is in its important actions only a weak morphine diluted by the addition to it of methyl. As it has been so largely used in the treatment of diabetes, he has made some clinical experiments with it in this disease, comparing it with the action of opium and of morphia. These seem to indicate that codeine is a less powerful remedy in diabetes than either of the other drugs, and to confirm the view that in its therapeutic value it ranks as a weak or diluted morphia. As its cost is about three times that of morphia, and as the large demand for it has led to its being largely manufactured from the latter drug, and being, therefore, an artificial product, there should be more clear evidence of its superiority to justify its administration in this disease.

ALKALINE INTRA-VENOUS INJECTIONS IN DIABETES

Last year R. Lepine reported the case of a patient with diabetes already in an advanced state of coma, to whom he gave an intra-venous injection of 3 litres of warm water, containing 44 grammes of bicarbonate of soda. It